

ALARM SYSTEM REGISTRATION

- A. BUSINESS ALARM ☐ RESIDENTIAL ALARM ☐
- B. BUSINESS/RESIDENTS NAME: _____
ADDRESS: _____ UNIT# _____
TELEPHONE NUMBER: _____
OWNER/MANAGER (If different than above): _____
ADDRESS: _____
TELEPHONE#: _____
Businesses Only: Type _____ Hours: _____
- C. **CONTACT PERSONS IN THE CASE OF AN EMERGENCY:**
- | NAME | ADDRESS
(Include City & State) | TELEPHONE
(Include Area Code) |
|-------|-----------------------------------|----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- D. **ALARM COMPANY INFORMATION:** NO ALARM COMPANY INVOLVED ☐
ALARM COMPANY NAME: _____
ADDRESS: _____
24 HOUR TELEPHONE NUMBER: _____
- E. **TYPE OF ALARM?** Silent ☐ Audible ☐ Telephone ☐
- F. **WHAT SETS OFF ALARM** Exterior/Perimeter ☐ Interior ☐
(Contact Locations)? (Doors and Windows) (Doors/Mats/Beams)
- G. **AREAS PROTECTED** (If Applicable): Safe ☐ Other (If you wish to state) _____
Cash Registers ☐

Notes: Alarm owners shall notify the police department within fifteen (15) days of changes in registration.

If an alarm monitoring company is used, a sticker or marking identifying the alarm business, and a 24 hour contact phone number shall be posted in a conspicuous place.

(Signature of Applicant) (Date)

MAIL FORM AND CHECK TO: P.H.P.D. 330 CIVIC DRIVE, PLEASANT HILL CA 94523

(For Office Use Only)

DATE RECEIVED: _____ FEE PAID \$ _____ BUSINESS ☐
RESIDENTIAL ☐

ALARM INSPECTION (If required) DATE: _____ OFFICER: _____

RECEIPT # _____ BY: _____
(City Hall)

PERMIT #: _____

APPROVAL RECOMMENDED: _____ DATE: _____